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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	NIDN-10427
	First Named Inventor	K. Briley-Saebo
	COMPLETE IF KNOWN	
	Application Number	10 / 018,018
	Filing Date	To be assigned
	Group Art Unit	To be assigned
Examiner Name	To be assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Magnetic Resonance Imaging

the specification of which (Title of the invention)

☐ is attached hereto OR

☒ was filed on (MM/DD/YYYY) **05/22/2000** as United States Application Number or PCT International Application Number **PCT/GB00/01963** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
9911937.2	Great Britain	05/21/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0007869.1	Great Britain	03/31/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/GB00/01963	05/22/2000	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and ☐ in the Patent and Trademark Office connected therewith: ☒ Customer Number 22840 ☐ OR ☐ Registered practitioner(s) name/registration number listed below 22840

Name	Registration Number	Name	PATENT & TRADEMARK Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 22840 ☐ OR ☐ Correspondence address below

Name					
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
<u>Karen</u>		<u>Briley-Saebo</u>	
Inventor's Signature	<u>Karen Briley Saebo</u>	Date	<u>25.2.02</u>
Residence: City	State	Country	Citizenship
		<u>NO</u>	<u>US</u>
Post Office Address	<u>Nycomed Imaging AS, Nycoveien 1-2</u>		
Post Office Address	<u>N-0401 Oslo Norway NOX</u>		
City	State	ZIP	Country

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

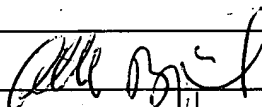
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DECLARATION

ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Atle		Bjornerud			
Inventor's Signature				Date	3/4/02
Residence: City	State	Country	NO	Citizenship	NO
Post Office Address	Olaf Bulls vei 46				
Post Office Address	N-0765 Oslo Norway NOX				
City	State	ZIP	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Daniel		Nanz			
Inventor's Signature				Date	
Residence: City	State	Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse				
Post Office Address	CH-8091 Zuerich Switzerland				
City	State	ZIP	Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Dominik		Weishaupt			
Inventor's Signature				Date	
Residence: City	State	Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse 100				
Post Office Address	CH-8091 Zuerich Switzerland				
City	State	ZIP	Country		

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Atle		Bjornerud	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
		NO	NO
Post Office Address Nycomed Imaging AS, Nycoveien 1-2			
Post Office Address N-0401 Oslo Norway			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel		Nanz	
Inventor's Signature	<i>D. Nanz</i>		Date
Residence: City	State	Country	Citizenship
		CH	CH
Post Office Address Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse			
Post Office Address CH-8091 Zuerich Switzerland CHX			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dominik		Weishaupt	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
		CH	CH
Post Office Address Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse 100			
Post Office Address CH-8091 Zuerich Switzerland			
City	State	ZIP	Country

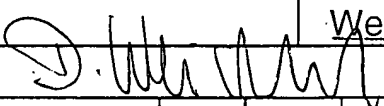
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Atle				Bjornerud			
Inventor's Signature						Date	
Residence: City		State		Country	NO	Citizenship	NO
Post Office Address	Nycomed Imaging AS, Nycoveien 1-2						
Post Office Address	N-0401 Oslo Norway						
City		State		ZIP		Country	
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Given Name (first and middle (if any))				Family Name or Surname			
Daniel				Nanz			
Inventor's Signature						Date	
Residence: City		State		Country	CH	Citizenship	CH
Post Office Address	Universitaetsspital Zuerich, MR-Zentrum, Raemistrasse						
Post Office Address	CH-8091 Zuerich Switzerland						
City		State		ZIP		Country	
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Given Name (first and middle (if any))				Family Name or Surname			
Dominik				Weishaupt			
Inventor's Signature						Date	28/2/02
Residence: City		State		Country	CH	Citizenship	CH
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Post Office Address	CH-8091 Zuerich Switzerland CHX						
City		State		ZIP		Country	

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